

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	06/12/2019 14:53
Date Of Accident	06/12/2019 07:55
Exact Location Of Accident	TPE TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN825U
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Insured/Policyholder

Name Of Registered Owner	TUNGKU MAHMOOD ALAMSHAH ANAWAR ZULKABNAIN BIN OMAR
NRIC No	S7707550Z
Email Address	TUNGKU.MAHMOOD@EBARA.COM.SG
Mobile Phone No	(LOCAL) +65-98573147
Alternative Phone No	OFFICE-98573147

Vehicle Particulars

Manufacturer	OPEL
Model	ASTRA HB 1.0AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MA005315
Cover Note Number	

Driver

Name of Driver	TUNGKU MAHMOOD ALAMSHAH ANAWAR ZULKABNAIN BIN OMAR
NRIC No	S7707550Z
Date Of Birth	22/02/1977
Occupation	INDOOR
Date Of Driving Pass	01/02/2002
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98573147
Fax Number	
Contact Number	OFFICE-98573147
Email Address	TUNGKU.MAHMOOD@EBARA.COM.SG

Address	BLK 310C PUNGGOL WALK #12-588
Postcode	823310
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB6128S
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TRINA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL8136J
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Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADELINE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHA1666Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SDL139Z
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time:

6/12/19 @ 1510hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:



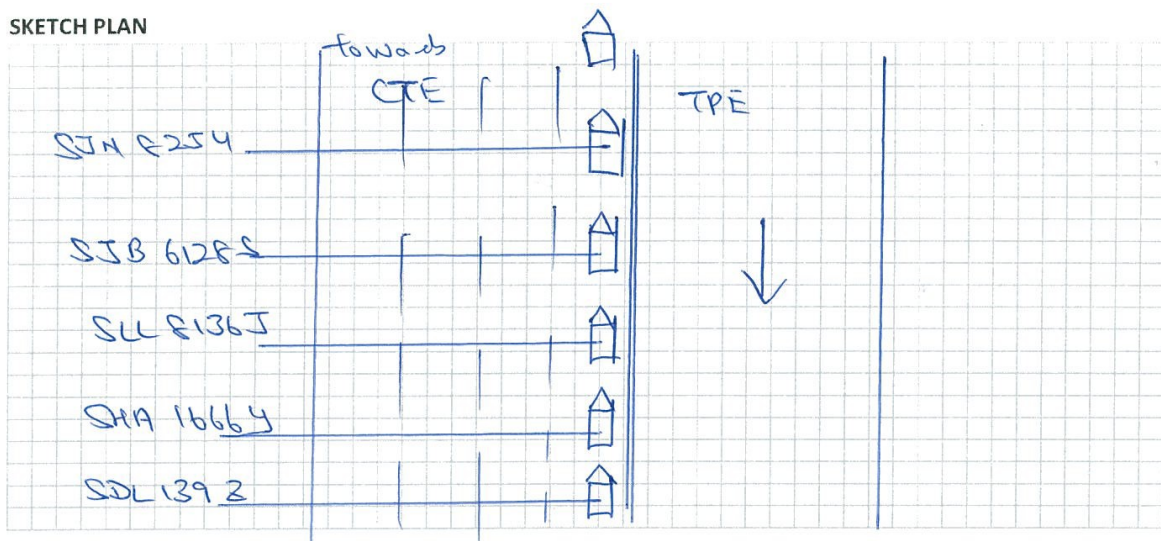
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILE I WAS DRIVING, FROM TPE TOWARDS CTE,
SUDDENLY THE CAR INFRONT OF ME BRAKE. SO I
~~BR~~ BRAKE AND THE CAR ~~WAS~~ BEHIND ME ~~KNOCK~~
HIT ~~A~~ THE BACK OF MY CAR, WE ARE ON THE
FIRST LANE AND THE WEATHER IS GOOD!.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature *[Signature]* 4/12/19
Date & Time: 1500 hrs.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

**INTERVIEW FORM**

Name (Driver) : Tunku Mahmood Alamshah Anwar
 Policy No : MA005315 Zulkabrain Bin Omar
 Vehicle No : SJA 8254
 Place of Accident : TPE towards CTE
 Insured Driver's relationship with Insured : Owner
 Drink Driving of Insured and/or Insured Driver : Nil
 No of passenger(s) in Insured vehicle : Nil
 Injury to Insured and/or Insured driver, please indicate which hospital:
Nil
 Third Party Vehicle No (if any) : SIB 61285, SLL 836J, SHA 16664, SLL 1392
 No of passenger(s) in Third Party Vehicle : Taxi - 1 passenger
 Injury to Third Party driver and/or passenger(s), please indicate which hospital:
Nil
 Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Chain Collision
 Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
Nil
 Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Tunku Mahmood
 Driver (Name & Signature) / Date 6/12/19
 I, affirmed the above information is given to my best knowledge

Pekinday
 Attended by (Name & Signature) / Date
 Workshop Name: Ban Choon
Motom Wok

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 #22-01 North Tower
 Singapore 048583

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A Member of Maybank Group

Accident Photo



Accident Photo



Accident Photo

